



## LIBRARY FACILITY USE REQUEST

### Circle Requested Location

Fort Pierce

Morningside

Lakewood Park

Hurston

Applicant/Organization Name: \_\_\_\_\_

If Non-profit, please attach proof. If tax exempt, indicate ID Number \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: Primary (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Alternate(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Name/Description: \_\_\_\_\_

Requested Event Date(s): \_\_\_\_\_

Event Begins: \_\_\_\_\_ ☐ AM ☐ PM Ends: \_\_\_\_\_ ☐ AM ☐ PM (Please include your set-up and clean-up time)

Room(s) Requested: \_\_\_\_\_ See Schedule of Fees and Room Capacity

Total number of anticipated Attendees: \_\_\_\_\_

Total No. of Hours Requested, including Set-up/Clean-up \_\_\_\_\_ Hours

Open to the General Public ☐ Yes ☐ No Ticket Sales/Admission Fee?: ☐ Yes ☐ No

Purpose of Event: Business/For Profit ☐ Personal ☐ Non-Profit/Govt. ☐ Fundraiser ☐ Other ☐ \_\_\_\_\_

If Fundraiser, indicate Recipient: \_\_\_\_\_

Food/Drink Served? ☐ Yes ☐ No

Equipment Needed (no extra charge) ☐ No If yes, indicate required items below:

☐ Tables – 6' Rectangle # \_\_\_\_\_

☐ Chairs – # \_\_\_\_\_

☐ Podium

☐ TV/DVD Player

☐ Easel

☐ Screen

I understand that use is not reserved until the Signed Agreement, Certificate of Insurance (in name of Organization and naming St. Lucie County as an additional insured) or other insurance as required and payment in full is submitted. This must be done no less than 30 days prior to the event.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR STAFF USE ONLY:

Date Received \_\_\_\_\_ Date(s) Available ☐ Yes ☐ No

Written Estimate of Fees Provided to Applicant on \_\_\_\_\_ (Date) via ☐ Meeting ☐ Email ☐ Fax ☐ Mail

Attach copy of Estimate to Application.

Signature of Employee Processing the Request \_\_\_\_\_

Date: \_\_\_\_\_